

2001 CANCER CONFERENCE

SHORT COURSE REGISTRATION FORM

DEADLINE - July 15, 2001

I wish to register for the following short course. I agree to attend the course on Tuesday, September 4, 2001. Please indicate your first and second choices for participation in the following courses:

| <u>Courses Offered</u> | <u>1st Choice</u> | <u>2nd Choice</u> |
|--|-------------------------------------|-------------------------------------|
| 1. Geographic Information System (GIS) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Evaluating Genetic Information for Cancer Prevention | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Model to Eliminate Population Disparities with Case Studies | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Intervention Mapping | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Optimizing Surveillance Using Cancer Registry Data | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Guidance and Tools for Comprehensive Cancer Control Planning | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Behavioral Risk Factor Surveillance System (BRFSS) Prevalence Training (Computer Course) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Risk Communication | <input type="checkbox"/> | <input type="checkbox"/> |

Date Submitted: _____ Degrees: _____

Name: _____ Title: _____

Affiliation: _____

Address: _____ City/State/Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Special Needs: _____

(CDC and PSA will ensure that all ADA and Special Needs requirements are addressed.)

FAX/MAIL TO:

Faye Floyd, Program Analyst
Centers for Disease Control and Prevention
Division of Cancer Prevention and Control
4770 Buford Highway, M/S: K-52
Atlanta, Georgia 30341
Phone: 770-488-4518
Fax: 770-488-4760